

**RELINQUISHMENT
(Alleged Natural Father in California)
In or Out of County
(Parent Identifying Adopting Parent(s))**

Instructions:

1. This Form to be used for the alleged natural father relinquishing in California.
2. Section I is to be completed only when the agency taking the relinquishment and the agency accepting the relinquishment are not the same.
3. Only Section II is completed when the agency taking the relinquishment and the agency accepting the relinquishment are the same.

OUT OF COUNTY

I. On this _____ day of _____, 19 _____,
the _____
Name of Agency

hereby signifies its willingness to accept the annexed relinquishment
and to accept said child for adoption.

By _____
AUTHORIZED AGENCY OFFICIAL

II.

I, _____ having been alleged to be the father of
_____, a minor _____ child born _____
SEX DATE
_____ do hereby relinquish said minor child to the _____
CITY STATE

AGENCY NAME ADDRESS AGENCY TELEPHONE NUMBER

an organization licensed by the California State Department of Social Services/an organization authorized by Welfare and Institutions Code Section 16130 to find homes for children and to place children in homes for adoption. It is my intention that the agency place the child for adoption with _____. If the agency does not place the child in this home or if the child is removed from the home before the adoption is granted, the agency will notify me. If I receive such notice, I will have thirty days from the date of the notice to either rescind the relinquishment, rescind the relinquishment and select another home or take no action. If I do not rescind the relinquishment within the thirty day period, the agency may place the child in a home that the agency selects. I fully understand that in all other circumstances when this relinquishment is filed with the headquarters office of the Adoptions Branch of the California State Department of Social Services by said agency, any rights to the custody, services and earnings of said minor child and any responsibility for the care and support of said minor child will be terminated.

Date _____
SIGNATURE OF ALLEGED NATURAL FATHER

The foregoing instrument was signed on _____ by the said _____
DATE
_____ in the presence of us, who have signed the same as witness thereto.

WITNESS

WITNESS

STATE OF CALIFORNIA }
COUNTY OF _____ } ss.

On this _____ day of _____, 19 _____, before me, _____
_____ an authorized official of the _____

_____ an organization licensed by the California State Department of Social Services an authorized official of the California State Department of Social Services an organization authorized by Welfare and Institutions Code Section 16130 to find homes for children and to place children in homes for adoption, personally appeared _____ known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.

AUTHORIZED AGENCY OFFICIAL